



PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------|
| Application Number | 10/751,248 |
| Filing Date | 12/31/2003 |
| First Named Inventor | Paul Irwin |
| Art Unit | 3673 |
| Examiner Name | |
| Attorney Docket Number | 04-066 |

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

| | | | | | |
|--|--------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | William S. Bernheim | | | | |
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| City | Dixon | State | CA | Zip | 95620 |
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| Telephone | 707-678-4447 | Fax | 707-678-0744 | | |

I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|---------------|-----------|----------------|
| Name | Paul D. Irwin | | |
| Signature | | | |
| Date | May 27, 2004 | Telephone | (707) 255-1811 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

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| Application Number | 10/751,248 |
| Filing Date | 12/31/2003 |
| First Named Inventor | Paul Irwin |
| Title | Ventilated Dissection Table |
| Art Unit | 3673 |
| Examiner Name | |
| Attorney Docket Number | 04-066 |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|---------------------|---------------------|
| William S. Bernheim | 27,180 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

| | | | | | |
|---|--------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | William S. Bernheim | | | | |
| Address | Bernheim, Gutierrez & McCready | | | | |
| Address | 255 N. Lincoln St. | | | | |
| City | Dixon | State | CA | Zip | 95620 |
| Country | USA | | | | |
| Telephone | 707-678-4447 | Fax | 707-678-0744 | | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | | |
|-----------|------------|--|--|-----------|--------------|
| Name | Paul Irwin | | | | |
| Signature | | | | | |
| Date | 7/2/04 | | | Telephone | 707-255-1811 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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